



**COMMONWEALTH OF VIRGINIA, DEPARTMENT OF EMERGENCY MANAGEMENT
SEARCH AND RESCUE PROGRAM
APPLICATION FOR TRAINING**

* COURSE NAME _____ COURSE DATE(S) _____

COURSE LOCATION _____

NAME _____ *DATE OF BIRTH _____

SS NUMBER _____ EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY OR COUNTY OF RESIDENCE _____

HOME PHONE () _____ BUSINESS PHONE () _____

OCCUPATION _____

COMPANY OR AGENCY _____

PRIMARY SAR RELATED ORGANIZATION IN WHICH YOU ARE CURRENTLY ACTIVE

NAME _____ YEARS AFFILIATED _____

CHECK SEARCH AND RESCUE COURSES SUCCESSFULLY COMPLETED

SAR 1ST RESPONDER () FIELD TEAM LEADER () FIELD TEAM MEMBER ()
INCIDENT COMMANDER FOR GROUND () MANAGING LAND SEARCH OPERATIONS ()
PRACTICAL SEARCH OPERATIONS () SIGNCUTTING ()

OTHER (DESCRIBE) _____

CHECK CURRENT MEDICAL CERTIFICATIONS

1ST AID () ADVANCED 1ST AID () EMT-B () EMT-ST () EMT-CT () EMT-P () EMS FR ()
EMT-E () EMT-I99 () RN () MD ()

OTHER _____

SIGNATURE OF APPLICANT _____

APPLICATION DATE _____

**PLEASE FILL IN ALL INFORMATION COMPLETELY. IF YOU HAVE INCLUDED AN EMAIL
ADDRESS ALL CORRESPONDENCE REGARDING THE COURSE WILL BE VIA EMAIL.**

****SOME ACTIVITIES HAVE A MINIMUM AGE REQUIREMENT***

AGENCY USE ONLY

DATE RECEIVED _____ APPLICATION APPROVED _____

TRAINING COMPLETED _____